PTO/SB/17 (10-08)
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| Under the Pa   | aperwork Reduction Act of                   | 1995, no person are          | required to   | respond to a collection              |               |                         |               | control number |  |
|--|---|------------------------------|---------------|--------------------------------------|---------------|-------------------------|---------------|----------------|--|
|  | Complete if Known                           |                              |               |                                      |               |                         |               |                |  |
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).       |   |                              |               |                                      |               | 10/821,813-Conf. #9059  |               |                |  |
| FEE TRANSMITTAL  |   |                              |               | <del></del>                          |               | April 8, 2004           |               |                |  |
| For FY 2009  |   |                              |               |                                      |               | Thomas A. Boyd          |               |                |  |
|  |   |                              | <del></del>   |                                      | P. G. Spivack |                         |               |                |  |
| Applicant claims small entity status. See 37 CFR 1.27  |   |                              | Art Unit 1614 |                                      |               |                         |               |                |  |
| TOTAL AMOUNT OF PAYMENT (\$) 1,110.00  |   | Attorney Docket No. P0453.70 |               |                                      | 2US01         |                         |               |                |  |
| METHOD OF  | PAYMENT (check                              | all that apply)              |               |                                      | :-            |                         |               |                |  |
| Check X Credit Card Money Order None Other (please identify):  |   |                              |               |                                      |               |                         |               |                |  |
| Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.   |   |                              |               |                                      |               |                         |               |                |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) |   |                              |               |                                      |               |                         |               |                |  |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee                 |   |                              |               |                                      |               |                         |               |                |  |
| X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17                   |   |                              |               |                                      |               |                         |               |                |  |
| FEE CALCULATION  |   |                              |               |                                      |               |                         |               |                |  |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES  |   |                              |               |                                      |               |                         |               |                |  |
|  | FI  | LING FEES                    | SE            | ARCH FEES                            | EXAM          | INATION FEES            |               |                |  |
| Application T  | ype Fee (\$                                 | Small Entity Fee (\$)        | Fee (\$       | Small Entity (5) Fee (\$)            | Fee (\$       | Small Entity ) Fee (\$) | Fees F        | Paid (\$)      |  |
| Utility  | 330   | 165                          | 540           |                                      | 220           | 110                     |               |                |  |
| Design   | 220   | 110                          | 100           | 50                                   | 140           | 70                      |               |                |  |
| Plant  | 220   | 110                          | 330           | 165                                  | 170           | 85                      |               |                |  |
| Reissue  | 330   | 165                          | 540           | 270                                  | 650           | 325                     |               |                |  |
| Provisional  | 220   | 110                          | 0             | 0                                    | 0             | 0                       |               |                |  |
| 2. EXCESS CL   | 2. EXCESS CLAIM FEES Small Entity           |                              |               |                                      |               |                         |               |                |  |
| Fee Description Fee (\$)   |   |                              |               |                                      |               |                         |               | Fee (\$)       |  |
| Each claim over 20 (including Reissues) 52   |   |                              |               |                                      |               |                         | 26            |                |  |
| Each independent claim over 3 (including Reissues)   |   |                              |               |                                      |               |                         | 220           | 110            |  |
| Multiple depen   | dent claims                                 |                              |               |                                      |               |                         | 390           | 195            |  |
| Total Claims   |   |                              |               |                                      |               | Multiple Depende        |               |                |  |
|  | - or HP =                                   | x =                          |               |                                      |               | Fee (\$) F              | ee Paid (\$   | <u> </u>       |  |
| HP = highest number of total claims paid for, if greater than 20.  Indep. Claims                       |   |                              |               |                                      |               |                         |               |                |  |
|  | - or HP =                                   | x =                          |               | cc r uiu ( <del>v</del> )            |               |                         |               |                |  |
|  | nber of independent claims                  | paid for, if greater the     | an 3.         |                                      |               |                         |               |                |  |
| 3. APPLICATION   |   |                              |               |                                      |               |                         |               |                |  |
|  | ation and drawings ex                       |                              |               |                                      |               |                         |               | 0              |  |
|  | der 37 CFR 1.52(e)), raction thereof. See 3 |                              |               |                                      | or small      | entity) for each ac     | iditional 30  | U              |  |
| Total Shee   |   | , , ,                        | , , ,         | additional 50 or frac                | ction ther    | eof Fee (\$)            | Fee           | Paid (\$)      |  |
|  |   |                              |               |                                      |               |                         |               |                |  |
| - 100 = /50 = (round <b>up</b> to a whole number) x =  |   |                              |               |                                      |               |                         |               |                |  |
| Non-English Specification, \$130 fee (no small entity discount)  |   |                              |               |                                      |               |                         |               |                |  |
| Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,110.00           |   |                              |               |                                      |               |                         |               |                |  |
| SUBMITTED BY   |   | //                           |               |                                      |               |                         |               |                |  |
| Signature  |   | KELAYE                       | ell           | Registration No.<br>(Attorney/Agent) | 55,15         | 1 Telephone             | 617.646.8000  |                |  |
| Name (Print/Type)  | Roque El-Hayek                              |                              |               |                                      |               | Date                    | July 13, 2009 |                |  |
|  | /   |                              |               |                                      |               |                         |               |                |  |

| Certificate of Electronic Filing Under 37 CFR 1.8 |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
|   | rred to as being attached or enclosed) is being transmitted via the Office electronic filing |  |  |  |  |  |  |
| system in accordance with § 1.6(a)(4).            | $\mathcal{M}$  |  |  |  |  |  |  |
|   | Signature (1 100 m) Machine  |  |  |  |  |  |  |
| Dated: July 13, 2009                              | Signature: Ull W / WUCKER  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |